

# Los Altos Recreation Department Gymnasium Reservation Application

Organization: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Reservation Request:

| Purpose of Use  | Dates | Day of the Week | # of Days | Start Time | End Time | Length of Time (Hours) | Total # of Hours  |
|---|-------|-----------------|-----------|------------|----------|------------------------|---|
|   |       |                 |           |            |          |                        |   |
|   |       |                 |           |            |          |                        |   |
|   |       |                 |           |            |          |                        |   |
|   |       |                 |           |            |          |                        |   |
| *Attach Separate Sheet(s) if needed. If applicable, please include League Schedule. |       |                 |           |            |          |                        | Total: <span style="border: 1px solid black; padding: 2px 10px;"> </span> |

## Group Type & Fees:

|  | <u>1/2 Gym</u> | <u>Full Gym</u> | <u>Security Deposit</u> |
|--|----------------|-----------------|-------------------------|
| _____ Resident Non-Profit Youth Group:   | \$37 / hour    | \$74 / hour     | \$500                   |
| *Must show proof of 51% group residency. |                |                 |                         |
| _____ Resident:                          | \$67 / hour    | \$134 / hour    | \$500                   |
| *Must show proof of 51% group residency. |                |                 |                         |
| _____ Non-Resident:                      | \$124 / hour   | \$248 / hour    | \$500                   |

## Reservation For:

1. \_\_\_\_\_ Blach Gym      \_\_\_\_\_ Egan Gym  
 2. \_\_\_\_\_ Full Gym      \_\_\_\_\_ Half Gym  
 3. \_\_\_\_\_ Spring/Summer (March - August)      \_\_\_\_\_ Fall/Winter (September/February)  
 4. \_\_\_\_\_ Basketball      \_\_\_\_\_ Volleyball      \_\_\_\_\_ Other

|                  |  |          |  |             |  |           |  |
|------------------|--|----------|--|-------------|--|-----------|--|
| Total # of Hours | <span style="border: 1px solid black; padding: 2px 10px;"> </span> | Fee/Hour | <span style="border: 1px solid black; padding: 2px 10px;"> </span> | # of Courts | <span style="border: 1px solid black; padding: 2px 10px;"> </span> | Total Due | <span style="border: 1px solid black; padding: 2px 10px;"> </span> |
|------------------|--|----------|--|-------------|--|-----------|--|

- Los Altos Recreation Department programs have priority.
- It is your responsibility to leave the facility clean.
- Please monitor restrooms during and after your use. It is permittee's responsibility to lock restrooms after use.
- Only athletic court shoes are allowed in the gymnasiums. (No black soled shoes.)
- Drugs, alcohol and tobacco products are not allowed in City Gymnasiums or on Los Altos School District Property.
- Except for water for competing athletes, absolutely no food or drinks are allowed in the gymnasium.
- Rental fee is based on total hours of all practices and games multiplied by the hourly rate.
- Payments by credit card or check are accepted. Make check payable to "City of Los Altos". Mail to: Los Altos Recreation Dept., Gym Reservations, 97 Hillview Avenue, Los Altos, CA 94022.
- Refunds will not be granted for any cancellations of gym use reservations. Reservations are non-transferable.

To the fullest extent allowed by law, Applicant hereby agrees to defend, indemnify and hold harmless the City of Los Altos, its governing board, the individual members thereof, and all City of Los Altos officers, agents and employees from any loss, damage, liability, cost or expense arising from the use or occupancy of City property. All applications shall bear the signature of a person 21 years or older who is duly authorized representative of the organization or group making the request, and further the applicant agrees to reimburse the City of any loss or damage to City property caused by such use. I UNDERSTAND THAT THIS APPLICATION FOR USE IS NOT APPROVED UNTIL I RECEIVE A VERIFIED RESERVATION RECEIPT. I HAVE READ AND UNDERSTAND THE ATTACHED POLICIES AND REGULATIONS ATTENDANT TO MY RENTAL OF THIS FACILITY & I AGREE TO ABIDE BY THEM. I have read and understand the refund policy. Failure to abide by above-stated rules may result in cancellation of reservation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:      Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Receipt Number: \_\_\_\_\_